

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect GERALYN REISING, Auditor

IMPORTANT: Indicate type of committee you are reporting for: ☐(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party

GERALYN REISING

Democrat

Office Sought

District (if Senate or House)

Kossuth County Auditor

SIGNATURE OF TREASURER (or person filing this report)

515-679-4472

TELEPHONE

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE

REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

IAE/PH/CS/COM/AS/AS/1
DISCLOSURE BOARD

JUL 9 1 2004

June 10, 2004

FILED DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A July 19th REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate one 1☐ CHECK IF AMENDMENT TO REPORT DATED _____x Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

June 8, 2004

County & Local Committees, enter County in
which Election is held

Kossuth

STATEMENT OF CASH ON HANDCASH ON HAND at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

\$ 21.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

\$ -0-

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Geraldyn Reising, Auditor

THE IOWA ETHICS &
CAMPAIGN DISCLOSURE
BOARD

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-9-04	ID# CK#311	Algona Publishing 14 E Nebr. PO Box 400 Algona, Iowa 50511	Newspaper ad- Thank you	\$17.08
6-10-04	ID# CK#313	unitemized expenditures	Tape	\$3.94
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$21.00
TOTAL (if last page of this schedule)				\$21.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A 402(3)(i).)

Page _____ of _____

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Geralyn Reising, Auditor

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISE CONTRIBUTION
5-24-04	Geralyn Reising 2203 Hwy 18 Wesley, Iowa 50483	self	Political Radio spots	\$296.00	
5-24-04	Geralyn Reising 2203 Hwy 18 Wesley, Iowa 50483	self	Political news Paper ads	\$231.00	
5-28-04	Geralyn Reising 2203 Hwy 18 Wesley, Iowa 50483	self	"Meet the candidate" coffee	\$20.50	
SUB-TOTAL				\$547.50	
TOTAL (If last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the _____ of _____ Page
committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives
(for Schedule E)
by marriage) (See Page 2 of forms packet) If surname of contributor is the same as candidate, but there is no
familial relationship enter "not applicable" in the relationship column.